

City of Ephrata
121 Alder Street S.W.
Ephrata, WA 98823
(509) 754-4601

REQUEST FOR PUBLIC RECORDS
(Please print or type)

NAME _____

ADDRESS _____

TELEPHONE NO: _____

RECORDS REQUESTED: Depending on the complexity of the request, the City will endeavor to fill requests within 5 business days.

I hereby certify that the information obtained through this request for public records will not be used for commercial purposes.

Signature Date

FOR OFFICIAL USE ONLY

<p>Fees:</p> <p>B/W Copy Charge for _____ pages @ .15 \$ _____</p> <p>Color Copy Charge for _____ pages @ .20 \$ _____</p> <p>Tape Charge @ \$10.00 each \$ _____</p> <p>Postage \$ _____</p> <p>Photos \$ _____</p> <p>Electronic Records (Floppy/CD) \$1./ea \$ _____</p> <p>TOTAL CHARGE \$ _____</p>	<p>COMMENTS:</p>
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